

Kansas Corporation Commission Oil & Gas Conservation Division

WELL PLUGGING APPLICATION

Please TYPE Form and File ONE Copy

Form CP-1 September 2003 This Form must be Typed Form must be Signed All blanks must be Filled

		i). This must be listed for wells drilled since 1967; if no	API # was issued,
indicate original spud or completion date 1-			104
Well Operator: Stripper Oil Co (Owner/Company Name)		KCC License #: 9126 (Opera	tor's)
Address: 410 S Madison		city:_Plainville	
State: Kansas	Zip Code: 67663	Contact Phone: (785)434-4686	
Lease: Schrandt	Well #:3	Sec. 31 Twp. 9 S. R. 17	East X West
<i>θω-5E - 5E</i> NE	5/4 Spot Location / QQQQ Cor	unty: Rooks	
970 (3-30) Feet (in exact footage)		arest outside section corner) Line of Section (Not Lease	line)
Feet (in exact footage) F		parest outside section corner) Line of Section (Not Lease	•
Check One: Oil Well Gas Wel	II D&A Cathodic	Water Supply Well	
SWD Docket #	X ENHR Docket #	E25287000 Other:	
Conductor Casing Size:	Set at:	Cemented with:	Sacks
Surface Casing Size: 8 5/8	Set at: 166	Cemented with: 120	Sacks
Production Casing Size: 5 1/2	Set at: 3594	Cemented with: 130	Sacks
List (ALL) Perforations and Bridgeplug Sets:	3284 to 3515		
, ,			
Condition of Well: Good Proposed Method of Plugging (attach a separa		Junkin Hole <u>Cement From Top To Botto</u>	m
			1
Is Well Log attached to this application as req	uired? $\overline{\mathbb{X}}$ Yes $\overline{\mathbb{X}}$ No $\overline{\mathbb{X}}$ Is ACO-1 fi	led? Yes No	
If not explain why?			
The second secon		,	
Plugging of this Well will be done in accord	dance with K.S.A. 55-101 <u>et, şeq</u> . and t	he Rules and Regulations of the State Corporation	Commission.
List Name of Company Representative autho	rized to be in charge of plugging operat	_{ions:} Liberty Operations & C	ompletions
Roger L. Comeau		Phone: <u>(785</u>) 434-4686	
Address: 308 West Mill		City / State: Plainville, KS	676663
		Oity / State: = = = = = = = = = = = = = = = = = = =	
Plugging Contractor: <u>Allied Cem</u>		•	
	enting Inc. (Company Name)	KCC License #:(Contractor's)	
Address:	enting Inc. (Company Name)	KCC License #:(Contractor's)	
Address:Proposed Date and Hour of Plugging (if know	enting Inc. (Company Name) wn?):	KCC License #:(Contractor's) Phone: () -	
Plugging Contractor: Allied Cem Address: Proposed Date and Hour of Plugging (if known payment of the Plugging Fee (K.A.R. 82-3-1) Date: Authorized Op	enting Inc. (Company Name) wn?):	KCC License #:(Contractor's) Phone: () -	